

February 14, 2007
Marlene Meyer

Medical Report

64-year-old white female who slipped on a sidewalk at Stuart Anderson's January 7, 2005. She fell onto her right wrist and had pain and swelling. She was seen at a First Care and had x-rays obtained of her wrist. The initial x-rays were suspicious for a navicular fracture and a distal radius fracture. She was splinted and was seen in the office of Dr. Brecht on January 11, 2005. She was using Vicodin for pain at that time and denied any numbness or tingling in her hand or fingers. She did not injure her elbow or shoulder. Her x-rays showed a nondisplaced radial styloid fracture and were suspicious for scaphoid fracture. She was sent for a wrist CT scan. The CT scan was reviewed January 17, 2005. She had a nondisplaced distal radius fracture and did not have a scaphoid fracture on the CT scan. The decision was made to treat her with a short arm cast. She had regular follow-up visits on February 4, 2005, February 16, 2005 and March 3, 2005. Her skin looked good through the treatment and she remained neurovascularly intact. She was switched to a cock up wrist splint March 3, 2005. She was allowed to begin motion at that time. Her x-ray on April 5, 2005 showed a healed distal radius fracture and she was released to regular activities.

The patient did not return until February 6, 2007 for a long-term evaluation. She states that she has had some persistent stiffness in the wrist. She has occasional pain in the distal forearm. She feels that her right wrist is not as strong as her left wrist. She has some pain with twisting and gripping with her right wrist. She avoids any heavy lifting with her wrist. She is doing some commercial cooking. She denies any numbness or tingling.

Past medical history: Heart disease, hypertension, diabetes, and back surgery
Medications: Zoloft, Glucophage, glyburide, Hyzaar, quinine, Actos, Singulair, Lipitor, aspirin, Cozaar
Allergies: Nonsteroidal anti-inflammatories cause CHF
Social History: She is a nonsmoker. She has occasional alcohol.
Family History: Heart Disease

Physical exam: 64-year-old white female in no apparent distress. She is alert and oriented. She is able to raise her arms above her head. She has full range of motion of her shoulders and elbows. Her left wrist has 70° of flexion and extension. She has normal finger motion. She has normal pulses and capillary refill. There are no skin lesions or lymphadenopathy. She has normal reflexes. Her right upper extremity has normal motion of the elbow and fingers. Her wrist has motion of 60° of flexion and extension. She has some discomfort with deep palpation over the distal forearm. There are no visible deformities. There are no skin lesions. She has normal reflexes. There is no swelling in the wrist. She has a smooth range of motion in her wrist. Her grip strength was tested, bilaterally and she had 35 lbs. of compression on both hands. She has normal sensation in both hands.

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Exhibit B

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